

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 13

May 30, 2000

SUBJECT: COMPLAINT FORM, FORM 1.28 - REVISED AND COMPLAINT FORM CONTINUATION SHEET, FORM 1.28.1 - ACTIVATED

PURPOSE: The Complaint Form, Form 1.28, has been updated in order to comply with revised complaint procedures noted in Special Order No. 8, dated February 22, 2000. A supplemental Continuation Sheet, Form 1.28.1, has also been created for additional space. This Order revises Complaint Form, Form 1.28 and activates the Complaint Form Continuation Sheet, Form 1.28.1.

PROCEDURES:

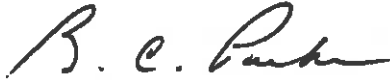
- I. COMPLAINT FORM, FORM 1.28 - REVISED.** The Complaint Form, Form 1.28, has been revised to allow for the capture of additional information at the initiation of a complaint investigation. The use and distribution of the revised Complaint Form, Form 1.28, is unchanged. The completion of the form is more detailed. Internal Affairs Group (IAG) will provide training on the use of the form, as needed.
- II. COMPLAINT FORM - CONTINUATION SHEET, FORM 1.28.1 - ACTIVATED.** The Complaint Form - Continuation Sheet, Form 1.28.1, is activated as follows:
 - A. Use of Form.** This form is used when additional information is needed when completing the Complaint Form, Form 1.28.
 - B. Distribution.** When used, the Complaint Form Continuation Sheet shall be distributed with the Complaint Form, Form 1.28.

FORM AVAILABILITY: The Complaint Form, Form 1.28, and Complaint Form Continuation Sheet, Form 1.28.1, will be available for ordering from Supply Section, Fiscal Operation Division, in about 90 days, and will be placed on the Department's Local Area Network. Copies of the forms are attached for duplication and immediate use.

AMENDMENTS: This Order amends Section 5/1.28.0, and adds Section 5/1.28.1 to the Department Manual.

May 30, 2000

AUDIT RESPONSIBILITY: The Commanding Officer, IAG, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.



BERNARD C. PARKS
Chief of Police

Attachment

DISTRIBUTION "A"

SHADED AREAS FOR IAG USE ONLY		LOS ANGELES POLICE DEPARTMENT		CF No.:			
<input type="checkbox"/> IAG Confidential		Complaint Form		Consolidated: _____ / _____ / _____			
Classification:				Duplicate (Master CF No.): _____			
<input type="checkbox"/> Prima Facie <input type="checkbox"/> No Prima Facie Reviewed by CI: _____ (Serial No.)							
Beginning Date/Time of Occurrence: _____ / _____ Ending Date of Occurrence: _____ Date Reported: _____							
Origin of Complaint (check one): <input type="checkbox"/> Division / Area <input type="checkbox"/> IAG Duty Room <input type="checkbox"/> Fleet Safety Rpt <input type="checkbox"/> Letter <input type="checkbox"/> OIG <input type="checkbox"/> Claim for Damages Form <input type="checkbox"/> Shooting Violation <input type="checkbox"/> Public Complaint Form <input type="checkbox"/> IAG <input type="checkbox"/> PCDU Rpt <input type="checkbox"/> Internet/Web Site							
List Related Reports (Type and No.): _____							
Complainants (For additional complainants, include on a Continuation Sheet. For Department Employees, only fill in asterisked (*) fields.) Provide the following information for all complainants (explain any exception(s) in the summary): *Complainant is: <input type="checkbox"/> Public <input type="checkbox"/> Department <input type="checkbox"/> Department Employee <input type="checkbox"/> Outside Law Enforcement *If complainant is a Department employee, is the complaint against (check all applicable): <input type="checkbox"/> Superior <input type="checkbox"/> Peer <input type="checkbox"/> Subordinate <input type="checkbox"/> Complainant(s) advised of 148.6 PC and signed Complainant Information Advisory, Form 1.81.16. <input type="checkbox"/> Complainant(s) given a copy of their statement(s) (If not, explain in summary). <input type="checkbox"/> If applicable, statement was mailed on _____ (date).							
*Last Name (or Anonymous)		*First Name, *MI, *Suffix, *Rank		*Serial No.	Gender Ethnicity		
*Address (List the division for a Department Employee) City, State, Zip				Telephone (Business only for Department Employees)			
				H: *B:			
DOB	Primary Language (If not English):		DL No.	Other ID	E-Mail		
*Complainant Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony Code Section: _____ *Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes							
*Last Name (or Anonymous)		*First Name, *MI, *Suffix, *Rank		*Serial No.	Gender Ethnicity		
*Address (List the division for a Department Employee) City, State, Zip				Telephone (Business only for Department Employees)			
				H: *B:			
DOB	Primary Language (If not English):		DL No.	Other ID	E-Mail		
*Complainant Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony Code Section: _____ *Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Accused Employees (For additional employees, include on a Continuation Sheet. Refer to the date of occurrence for asterisked (*) fields.)							
Last Name	First Name, MI, Suffix	*Rank/ Paygrade	Serial No.	*Area/Div. of Assignment	Duty Status	Employee Arrested?	Injured?
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Supervisor Reporting (Type/Print Serial Number)		Supervisor Approving (Type/Print Serial Number)				Investigating Entity IAG Use Only	
Name	Rank Serial No. Area/Div.	Name	Rank Serial No. Area/Div.				

Preliminary Investigation

- ☐ Attach all related reports, witness statements, and other pertinent information.
- ☐ Summarize the complaint, nature of the allegations, reasons for possible delayed reporting and statements.
- ☐ Indicate persons notified or contacted during the investigation.

Brief Summary of the Complaint (Describe the nature of the complaint only. Attach each complainant's statement to the form. List witnesses in the summary.)

(Continue on additional pages if necessary.)

This section shall only be used when an incident meets specified criteria for a Short Form investigation.

☐ SHORT FORM

☐ FAILURE TO QUALIFY _____ (MONTH) ☐ PREVENTABLE TRAFFIC COLLISION (NO OTHER MISCONDUCT) _____ (DATE)

☐ FAILURE TO APPEAR _____ (DATE) ☐ OTHER _____ (DESCRIPTION & DATE)

RECOMMENDED ADJUDICATION DISPOSITIONS

(One Recommendation Per Allegation. Prepare a separate copy for each additional employee.)

Accused Officer's Last Name		First Name, MI		Serial No.	
<u>MISCONDUCT</u>	<u>Alleg. No.</u>	<u>NON-MISCONDUCT</u>	<u>Alleg. No.</u>	<u>ALTERNATE</u>	<u>Alleg. No.</u>
SUSTAINED	_____	POLICY/PROCEDURE	_____	FRIVOLOUS (IAG Use Only)	_____
NOT RESOLVED	_____	CHRONIC/CRANK/OBVIOUS MENTAL	_____	OTHER JUDICIAL REVIEW	_____
EXONERATED	_____	IMPAIRMENT	_____	INCOMPLETE INVESTIGATION	_____
UNFOUNDED	_____	OTHER	_____	WITHDRAWN BY COP (IAG Use Only)	_____
SUSTAINED - NO PENALTY	_____		_____	NO DEPARTMENT EMPLOYEE	_____
				DUPLICATE-Master CF No.	_____

RECOMMENDED ACTION: ☐ BOR

FINAL DEPARTMENT ACTION (IAG USE ONLY):

- ☐ BOR - GUILTY
☐ BOR - NOT GUILTY

Employee Signature: _____ Date _____

Commanding Officer of Employee: _____ Serial No. _____ Date _____

Endorsement (Next Level of Review): _____ Serial No. _____ Date _____

☐ Military Endorsement

Page ____ of ____	LOS ANGELES POLICE DEPARTMENT Complaint Form - Continuation Sheet	CF Number: _____
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Name (or Anonymous)	*First Name, *MI, *Suffix, *Rank	*Serial No.	Gender	Ethnicity
*Address (List the division for a Department Employee) City, State, Zip		Telephone(Business only for Department Employees)		
		H: _____ *B: _____		
DOB	Primary Language (If not English):	DL No.	Other ID	E-Mail
*Complainant Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony Code Section: _____ *Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes				

*Last Name (or Anonymous)	*First Name, *MI, *Suffix, *Rank	*Serial No.	Gender	Ethnicity
*Address (List the division for a Department Employee) City, State, Zip		Telephone(Business only for Department Employees)		
		H: _____ *B: _____		
DOB	Primary Language (If not English):	DL No.	Other ID	E-Mail
*Complainant Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony Code Section: _____ *Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes				

*Last Name (or Anonymous)	*First Name, *MI, *Suffix, *Rank	*Serial No.	Gender	Ethnicity
*Address (List the division for a Department Employee) City, State, Zip		Telephone(Business only for Department Employees)		
		H: _____ *B: _____		
DOB	Primary Language (If not English):	DL No.	Other ID	E-Mail
*Complainant Arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony Code Section: _____ *Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes				

Accused Employees (For additional employees, include on a Continuation Sheet) Refer to the date of occurrence for asterisked (*) fields.							
Name	First Name, MI	*Rank/ Paygrade	Serial No.	*Area/Div. of Assignment	Duty Status	Employee Arrested?	Injured?
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Misd. <input type="checkbox"/> Felony Code Section:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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